

L. Dumont

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		This is NOT a permit; this form when completed must be presented to the Local Plumbing Inspector to obtain a permit.		Page 1 of 2
Town Augusta	Street, Road, etc. Middle Road If on water body, give name	Plumbing Permit No. 8840EL	Date of Plumbing Permit 1-6-78	
Owner of property Leon Dumont		Owner's address 10 10	Size of lot 27000 ±	<input checked="" type="checkbox"/> Sq. feet <input type="checkbox"/> Acres
Name & type of establishment if other than private home		Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning R2 Shoreland Resource Protection	
Name of applicant Owner's agent Leon Dumont		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. 257 Northern Ave		Tel. No. 623-8282		
Town Augusta	Zip Code 04330	Subdivision name Leon Dumont Development		Lot No. 12
Applicant's signature <i>[Signature]</i>		Date 2-3-78		
Owner's signature <i>[Signature]</i>		Date 2-3-78		

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Dug well, depth _____, lining _____; Drilled well, depth **100 ft**, lining _____; Spring depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection. Public Utility, name _____

SITE INVESTIGATION Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No.	Soil Profile No.							
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches 6	Inches							
1st strata DARK BROWN LOAMY SAND	1st strata							
Inches 18	Inches							
2nd strata Reddish Brown LOAMY SAND	2nd strata							
Inches 15	Inches							
3rd strata Offive LOAMY SAND	3rd strata							
Inches 21	Inches							
Total Depth of observation hole inches 54	Total Depth of observation hole inches							
Max. Ground water table—mottling 37 inches	Max. Ground water table—mottling inches							
Impervious layer, clay, etc. None Evident	Impervious layer, clay, etc. inches							
Bedrock None Evident	Bedrock inches							
Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock	Type of Bedrock
Surface slope 0 %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II bc	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

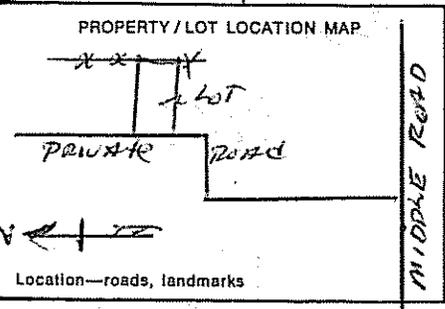
On **8-6-77** (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature **Gerald C. Paulin** Health Engineering License No. **79**

Date signed **8-9-77**

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons 1000 <input type="checkbox"/> Aerobic Tank Manufacturer— N/A Model No.— N/A Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill will be: 11 in. uphill; 11 in. downhill
		<input type="checkbox"/> Trench System: Total trench length N/A <input type="checkbox"/> Bed System Length 20 Width 20 <input type="checkbox"/> Chamber System Number <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B N/A <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length Width N/A at base <input type="checkbox"/> Special System Length Width N/A	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	DETAILS <input checked="" type="checkbox"/> A Distribution Box is required Pumping is— <input checked="" type="checkbox"/> required, <input type="checkbox"/> is not required. The Dose will be _____ gallons
See Chapter 9 of the Code, II.		WAIVER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required		DISTANCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.



FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons; portions of the Code II are cited. Form is incomplete (____ pg.) as to General info, Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross-Section, Statement. See Section 2.3.

Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.

System Proposed does not conform to Code; See Sections 9.

Site Investigation indicates site modifications are necessary; See Sections 4.3, 4.4, 4.5, 8.7.

Miscellaneous _____ See Section _____

Acceptance: Application for permit is approved with condition specified, comply with Section _____ without condition.

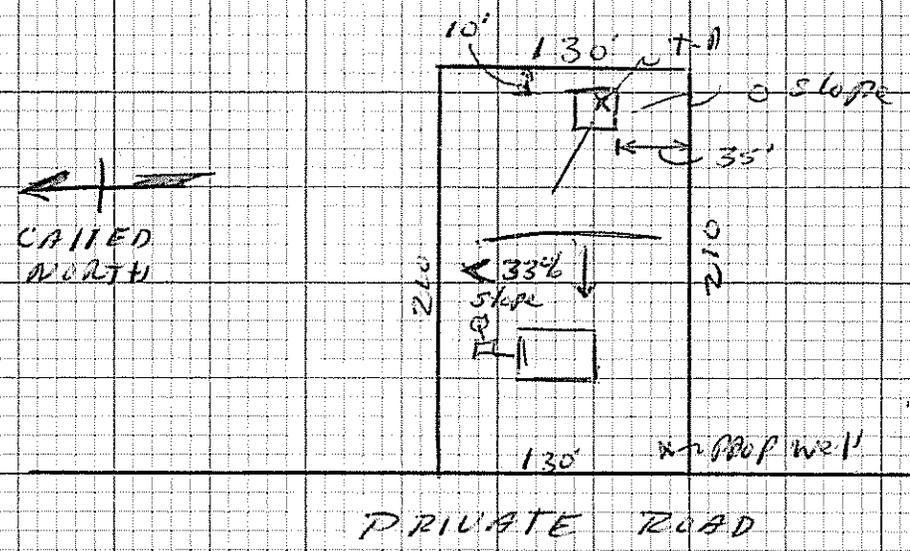
Signed LPI **Richard P. Baber** Date **2-3-78** HHE-200 1/77

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town Augusta	Street, Road, etc. Lebanon Lebanon If on water body, give name Middle Rd	Owner of property Lebanon De Mont
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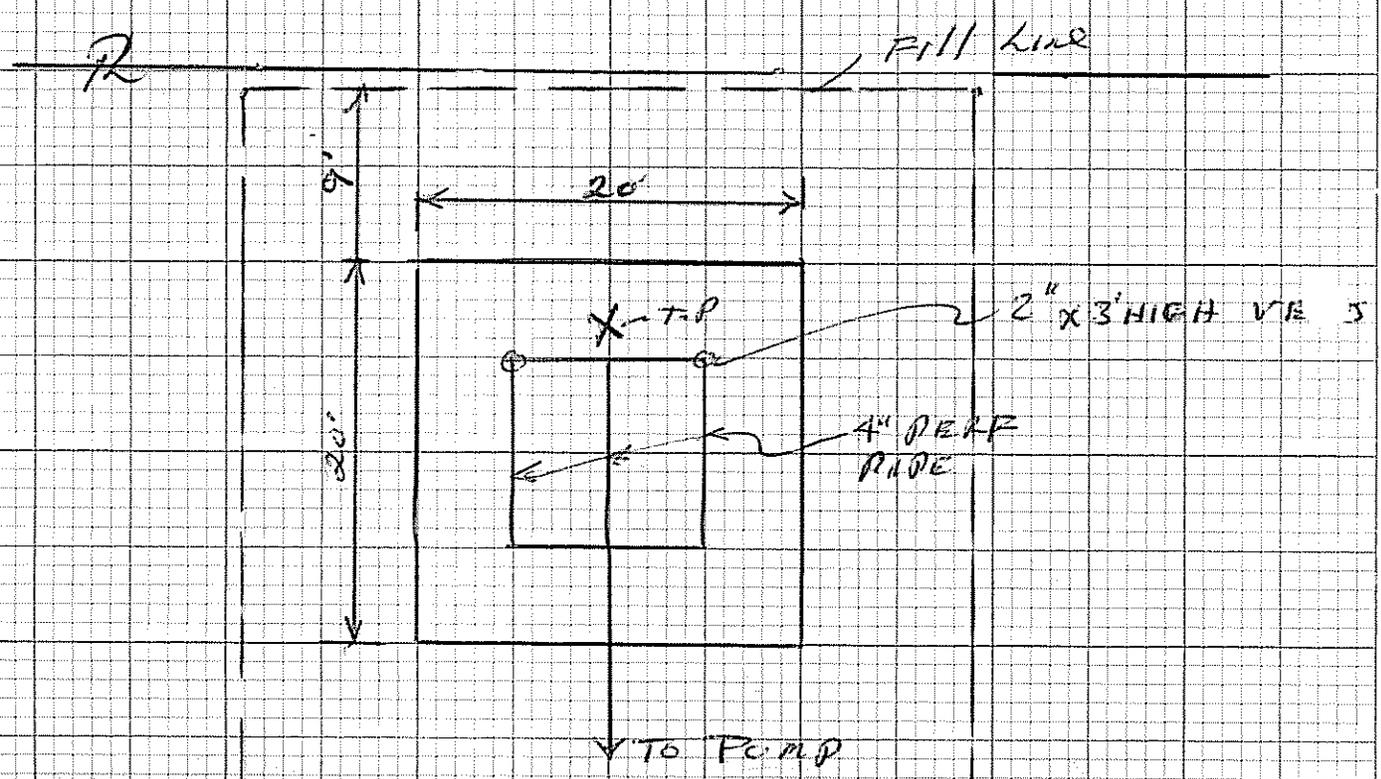
Site Plan

Scale 1" = 100 Ft. or _____



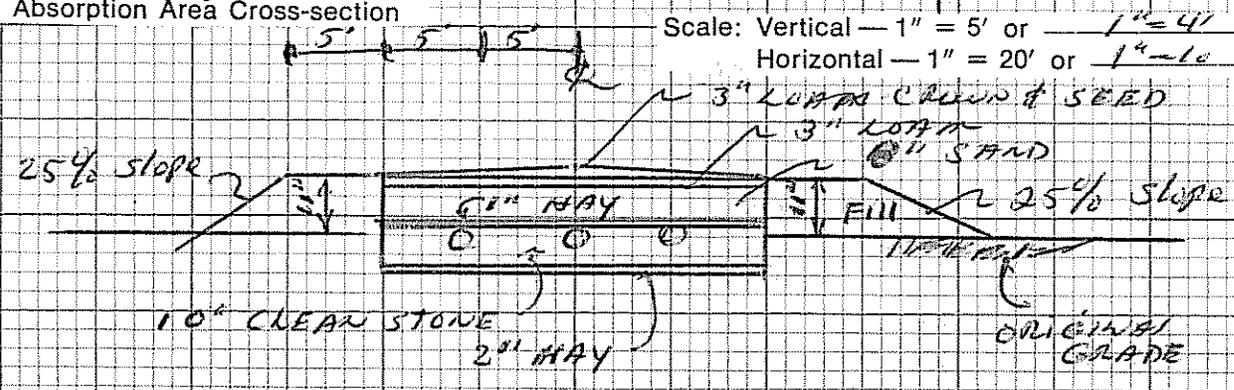
Private Sewage Disposal Plan

Scale 1" = 20' or 1" = 10'



Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or 1" = 4'
Horizontal — 1" = 20' or 1" = 10'



Statement: (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required
Date: **7-3-78**
Applicant: **Lebanon De Mont**
Owner: _____